PID#:		ATTN:					
(For Staff Use On	• /						
	IMMI		ASSISTANCI	~	T FORM		
			enator Dianne				
			Post Street, Sui				
			Francisco, CA				
		ŀ	Fax: 415-393-0'	/10			
PLEASE PRIN	T CLEARL	Y WITH BI	JJE OR BLAC	CK INK. OF	R TYPE		
						e end of the form.	
Title: □ Mr. □ N			•			3 3	
Name:				_ Date:			
Street Address:				Δnt	#•		
City:		Apt. #: State: Zip Code:					
		Alternate Phone #: ()					
E-mail Address				7 Hone ". (_	/		
				this case, pl	ease list the o	office(s) contacted	
and the date(s)		-		-		-	
<b>SECTION 1</b> :							
						visa or green card).	
Please see further							
A. Petition	er's Name:	A			<u> </u>		
	Registration #						
Petitio	oner s relations	Ship to belief	iciary:	unter of Die			
Δlien	Registration #	· Δ					
					Rirth:		
	n 'X' to the rig			country of I			
	•		d appeals, see no	otes below.			
	,	,	11				
G-639	I-131	I-730	I-824	Other:			
I-90	I-360	I-751	N-400				
I-129	I-539	I-765	N-565				
I-129F	I-600/A	I-821	N-600				
1-1291	1-000/A	1-021	11-000				
I-130	I-140	I-485	I-212	I-290B	I-601		
						able by checking the	
						OR by phone: 202-	
6631541. Inc	lude case priority	date(s) from y	our I-797 Notice o	f Action below		• •	
					the related petiti	ions (i.e. the I140 or	
1130 filed), as	well as the visa	category and pr	iority date for thos	e pentions.			
USCIS case inf	formation (fr	om I-797 No	tice of Action)	:			
Please list all petition	ons you need help	with, as well as	the related visa peti	tions. Include c	ase priority date	for I-140 petitions.	
		Case #:	Case #:				
			Case #:				
Form filed: Filing date:							
Form filed:	Case #						

## LOCATION OF CASE Have you been interviewed at a USCIS office for this case? If so, please list date and location of the USCIS interview: If your case has been sent from USCIS to the National Visa Center, complete Section 2. If your case has been sent to a U.S. Embassy or U.S. Consulate for processing, complete Section 3. If none of these apply, please skip to **Section 4.** Please review all instructions. **SECTION 2**: Complete this section if your case is in process at the Department of State NATIONAL VISA CENTER State Department Case Number: \_\_\_\_\_ Visa Preference Category: \_\_\_\_\_ Case Priority Date: \_\_\_\_\_ Foreign State Chargeability: (Usually the beneficiary's country of birth) **SECTION 3**: Complete this section if your case is at a U.S. EMBASSY or U.S. CONSULATE Embassy or Consulate location (City and Country): Case Number: \_\_\_\_\_ Date of interview(s):\_\_\_\_\_ (For non-immigrant visas, provide the applicant's passport number) Has the case been transferred to another office? \_\_\_\_\_ Where? \_\_\_\_\_ SECTION 4: FINAL INSTRUCTIONS o FOR ALL CASES: On a separate sheet of paper, please describe briefly what problems you are experiencing with this case and how you think Senator Feinstein might be able to assist you. Include copies of the most recent correspondence received from the agency on your case. For expedite requests, please include evidence that your case meets the agency's set expedite criteria. USCIS expedite criteria is available online at uscis.gov. Due to Privacy Act authorization requirements, we may not be able to open a case for you if proper authorization is not provided. Please note: ALL CASES require a petitioner's signature. For nonimmigrant visas where there is no petitioner, U.S. host must sign. Beneficiary signature is required for I-290B and I-730 cases. For I-212 and I-601 waivers, the beneficiary of the case must sign as the petitioner for the waiver. You may submit separate forms with each signature if needed. E-SIGNATURES ARE NOT ACCEPTED. Mail, fax, or scan and email this document in as a PDF to Senator Feinstein's San Francisco office at casework@feinstein.senate.gov. Please note, this is a receipt-only inbox and caseworkers do not correspond with constituents through this email address. **SIGNATURE** I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. \_\_\_\_\_, authorize USCIS and the Department of State to release information contained in my agency records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative \_\_\_\_\_\_ and the Member's staff. Petitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_